

SCIA 23

Rev. 5/98

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY EXPENSE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES

 MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE

U.S.

v.s. Joseph Allen

FOR

MA

AT

Boston

LOCATION NUMBER

Filed in open

Court 6/30/04

CRIMINAL

PERSON REPRESENTED (Show your full name)

Joseph M. Allen

CHARGE/OFFENSE (describe if applicable & check box →)

Distribution / conspiracy
Drugs Felony Misdemeanor

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

DOCKET NUMBERS

Magistrate

04-1809

District Court

Court of Appeals

EMPLOY- MENT	Are you now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Am Self-Employed	
	Name and address of employer:				
	IF YES, how much do you earn per month? \$	IF NO, give month and year of last employment <u>8/03</u>			
	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How much did you earn per month? \$ <u>1,500</u>			
IF YES, how much does your Spouse earn per month? \$	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$				
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	RECEIVED	SOURCES			
OTHER INCOME	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	\$ _____			
	CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____			
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE	DESCRIPTION		
DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them		
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	_____	{ _____ }		
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>Judgment - Salem District Ct.</u>	Creditors	Total Debt	Monthly Paymt.
	{	{	\$ 150 K	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

6/30/04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Joseph M. Allen